

SUMMARY REPORT DIGEST

CHICAGO POLICE DEPARTMENT

COMPLAINT LOG NO.
1008444

TYPE
INFO

DATE OF REPORT (Day-Mo.-Yr.)
17 SEP 07

INSTRUCTIONS: To be used in all cases that are to be classified as either **EXONERATED**, **UNFOUNDED**, **NOT SUSTAINED**, or in **SUSTAINED** cases where the Disciplinary Recommendation does not exceed **FIVE (5) DAYS SUSPENSION**. SUBMIT ORIGINAL AND 3 COPIES IF ASSIGNED TO SAME UNIT AS ACCUSED. SUBMIT ORIGINAL AND 4 COPIES IF NOT ASSIGNED TO SAME UNIT AS ACCUSED.

TO: SUPERINTENDENT OF POLICE

ATTENTION ☐ ADMINISTRATOR IN CHARGE, OFFICE OF PROFESSIONAL STANDARDS

☒ ASSISTANT DEPUTY SUPERINTENDENT, INTERNAL AFFAIRS DIVISION

FROM -INVESTIGATOR'S NAME
LASCH, Alan P.

RANK
Sgt.

STAR NO.
1434

EMPLOYEE NO.
[REDACTED]

UNIT ASSIGN.
011

UNIT DETAILED
DNA

REFERENCE NOS. (LIST ALL RELATED C.L., C. B., I.R., INVENTORY NOS., ETC., PERTINENT TO THIS INVESTIGATION)
DNA

ADDRESS OF INCIDENT
[REDACTED]

DATE OF INCIDENT -TIME
15 AUG 07 1615 hours

BEAT OF INCIDENT
1111

ACCUSED

| NAME | RANK | STAR NO. | EMPLOYEE NO. | UNIT ASSIGN. | UNIT DETAILED |
|-------------------|------|----------|--------------|--------------|---------------|
| 1. Ramirez, Maria | P.O. | 3446 | [REDACTED] | 011 | DNA |
| 2. Alvarez, Jose | P.O. | 13055 | [REDACTED] | 044 | 011 |
| 3. DNA | | | | | |

| SEX/RACE | D.O.B. | DATE OF APPOINTMENT | DUTY STATUS (TIME OF INCIDENT) | SWORN | CIVILIAN |
|----------|---------------|---------------------|---|---|-----------------------------------|
| 1. F-4 | [REDACTED] 76 | 30 APR 01 | <input checked="" type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY | <input checked="" type="checkbox"/> SWORN | <input type="checkbox"/> CIVILIAN |
| 2. M-4 | [REDACTED] 71 | 25 SEP 06 | <input checked="" type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY | <input checked="" type="checkbox"/> SWORN | <input type="checkbox"/> CIVILIAN |
| 3. DNA | | | <input type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY | <input type="checkbox"/> SWORN | <input type="checkbox"/> CIVILIAN |

| IF APPLIES, DATE ARRESTED/INDICTED | CHARGES | COURT BRANCH | DISPOSITION & DATE |
|------------------------------------|---------|--------------|--------------------|
| 1. DNA | | | |
| 2. DNA | | | |
| 3. DNA | | | |

COMPLAINANT

| NAME | ADDRESS** | CITY | STATE | TELEPHONE | SEX/RACE | D.O.B./AGE |
|------------|------------|------------|------------|------------|----------|------------------|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | M-1 | [REDACTED] 75 32 |
| DNA | | | | | | |

VICTIMS

| NAME | ADDRESS** | CITY | STATE | TELEPHONE | SEX/RACE | D.O.B./AGE |
|-------------|-----------|------|-------|-----------|----------|------------|
| Complainant | | | | | | |
| | | | | | | |

WITNESSES

| NAME | ADDRESS** | CITY | STATE | TELEPHONE | SEX/RACE | D.O.B./AGE |
|------|-----------|------|-------|-----------|----------|------------|
| DNA | | | | | | |
| | | | | | | |

☐ SEE ATTACHED SHEET FOR ADDITIONAL ACCUSED, COMPLAINANTS, VICTIMS, WITNESSES.

**IF CPD MEMBER, LIST RANK, STAR, EMPLOYEE NOS. IN ADDRESS, PAX/BELL IN TELEPHONE BOX.

ALLEGATIONS

The complainant alleges that the accused stopped and searched him without justification. The complainant also alleges that the accused searched two of his parked vehicles without justification.

Briefly summarize the investigation describing your efforts to prove or disprove the allegation(s). Indicate whether witnesses or evidence support or do not support the allegation(s).

In sustained cases ONLY, copies of the accused member's Summary of Previous Disciplinary Actions and Record of Previous Complimentary History will be included as attachments.

In summary R/S received CL #1008444 on 21 AUG 07. R/S went to the complainant's residence on 21 AUG 07 [REDACTED] but was unable to make contact with the complainant. R/S telephoned the complainant on 22 AUG 07 but had no answer. R/S attempted again on 29 AUG 07, Event #0724115164, to locate the complainant at his residence but was unable to make any contact. R/S sent out a Certified Letter (attachments 2,3,4) to the complainant on 29 Aug 07. The Certified Letter was received and stamped by the CPD Mail Room on 31 AUG 07(attachment 5). R/S checked the United States Postal Service Website and ran the label number for the Certified Letter which stated that the Postal Service attempted to deliver the letter on 01 SEP 07 and a notice was left (attachment 6).

R/S has made numerous attempts to contact the complainant by telephone and in person but has had negative results each time. R/S sent out a Certified Letter but as of yet R/S has had no contact from the complainant.

Due to R/S being unable to locate and contact the Complainant this CL is Unfounded.

SUMMARY

ATTACH-
MENTS

INVESTIGATIVE REPORTS-
SUPPORTING ALLEGATION
LIST ATTACHMENT NUMBERS:

DNA

INVESTIGATIVE REPORTS-
SUPPORTING ACCUSED MEMBER(S)
LIST ATTACHMENT NUMBERS:

DNA

PHYSICAL EVIDENCE LIST
ATTACHMENT NUMBERS:

DNA

TOTAL NUMBER OF ATTACHMENTS
SUBMITTED WITH THIS FILE:

6

FINDINGS - RECOMMENDATIONS

Summarize the findings and recommendations. Rule violations will be cited by number only. One overall recommendation for Disciplinary Action will be made by the investigator. The recommendation will be for ALL sustained findings; recommendations will NOT be made for each sustained allegation. Example: 1. Violation noted, no disciplinary action warranted. 2. That the accused member be reprimanded. 3. That the accused member be suspended for --- days (not to exceed 5 days).

FINDINGS- UNFOUNDED due to R/S being unable to make contact with the complainant

RECOMMENDATION- NO DISCIPLINARY ACTION

DATE INITIATED (Date complaint was received for investigation)

21 AUG 07

DATE COMPLETED (Date of this report)

17 SEP 07

ELAPSED TIME (Total time expressed in days)

27

Investigator will initiate the Command Channel Review form by
completing the Investigator's Section.

INV [REDACTED]

IF NECESSARY, USE AN 8 1/2 x 11" S [REDACTED]

Attachments for CL #1008444

1. Face Sheet for CL #1008444
2. Complainant Letter for [REDACTED]
3. Copy of Domestic Return Receipt
4. Copy of Envelope and Certified Mail Receipt
5. Original Certified Mail Receipt
6. United States Postal Service printout of Track and Confirm for Certified Letter